

ADDITIONAL PROPERTIES TO BE INSURED

Please make copies of this form if you have more than five (5) properties to add. (Additional copies available at www.irf.sc.gov) If you leave Segment Number blank, the property will be added at the end of your current insured schedule. If you leave the effective date blank, the property will be added as of your policy renewal date. Please attach any available descriptive paperwork of the building you are adding. Add any third parties with interest in your insurance coverage on the reverse of this form.

Segment Number _____ Effective Date _____
Description _____ Construction Type _____
Address _____ City _____ County _____ Zip Code _____
Building ID _____ Number of Stories _____ Square Footage _____ Vacant? Yes No Year of Construction _____
Building Insured Value _____ Contents Insured Value _____
Third Parties: ☐ Certificate of Insurance ☐ Loss Payable Clause ☐ Mortgage Payee Clause Enter Name(s) & Address(es) on back

For office use only: Occupancy _____ Construction _____ Extended Coverage _____ Fire _____

Segment Number _____ Effective Date _____
Description _____ Construction Type _____
Address _____ City _____ County _____ Zip Code _____
Building ID _____ Number of Stories _____ Square Footage _____ Vacant? Yes No Year of Construction _____
Building Insured Value _____ Contents Insured Value _____
Third Parties: ☐ Certificate of Insurance ☐ Loss Payable Clause ☐ Mortgage Payee Clause Enter Name(s) & Address(es) on back

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